

State of Georgia

2009 PATH Grant Application:

Projects for Assistance in Transition from Homelessness

Section A.

EXECUTIVE SUMMARY

(Table 1)

Organization Name:	Organization Type:	Funding Amount	Service Area: Region/County/City	PATH Funded Service(s):	Total # clients
Serenity Behavioral Health Services	Public, non-profit community mental health agency	\$ 120,000	Region 2 Richmond County, Augusta	-Outreach -Case Management	200 150
Community Friendship, Inc.	Private non-profit, community mental health agency	\$ 120,250	Region 3 Fulton County, Atlanta	-Outreach -Case Management	503 100
Travelers Aid of Metro Atlanta	Public, non-profit	\$158,875	Region 3 Fulton county, Atlanta	-Outreach -Case Management	130 122
Community Concerns, Inc.	Private non-profit, community mental health agency	\$ 249,000	Region 3 Fulton County, Atlanta	-Supp & Supervision in Res. Setting	50
Central Fulton Community MH Center at Grady Health Systems	Public, non-profit, health care provider	\$ 78,875	Region 3 Fulton County, Atlanta	-Outreach -Case Management	143 120
GA. Department of Human Resources MHDDAD	State Government	\$ 274,500	Region 3 Fulton County, Atlanta	-Case Management -Staff Training	200
New Horizons Community Service Board	Public, non-profit community mental health agency	\$ 194,500	Region 4 Muscogee County, Columbus	-Outreach -Case Management -Housing Svc	300 220 75
Chatham-Savannah Authority for the Homeless	Public, non-profit local governing authority	\$ 183,000	Region 5 Chatham County, Savannah	-Outreach -Case Management	326 262
GA Department of Human Resources	State Government	\$ 3,000	Statewide	-Technical Assistance and Oversight	NA
2009 PATH Funding	Public & Private non-profit agencies	\$1,382,000	MHDDAD Regions 2, 3, 4, 5	-Outreach Svcs -Case Managt -Housing Svcs -Residential Supt.	1,602 1,174 75 50
Total Served					2,901

1. State Operational Definitions

a. Homelessness – An individual who lacks fixed, regular, and adequate nighttime residence; or whose primary nighttime residence is a shelter designed to provide temporary living accommodations; or an institution that provides temporary residences for persons intended to be institutionalized; or a place not designed for human beings to live.

b. Imminent Risk of Becoming Homeless – Persons who are about to be evicted from or lose a housing arrangement and have no resources or supports, or are about to be discharged from a psychiatric or substance abuse treatment facility without any resources or supports for housing.

c. Serious Mental Illness – The operational definition of serious mental illness is included in the DMHDDAD definition of consumer eligibility, which is based on disability and diagnosis. The disability criterion includes behavior leading to public demand for intervention; or substantial risk of harm to self or others; or substantial need for supports to augment or replace insufficient or unavailable natural resources. The diagnosis element for adults with mental illness excludes personality disorders and V-Codes.

d. Co-occurring Serious Mental Illness and Substance Abuse – The term co-occurring is a common, broad term that indicates the simultaneous presence of two independent medical disorders. Within the fields of mental health, psychiatry, and addiction medicine, the term has been popularly used to describe the coexistence of a mental health disorder and alcohol and other drug (AOD) problems. Substance Abuse is defined as an individual who has been diagnosed as having substance disorder and/or substance dependence according to the ASAM Patient Placement Criteria, and as defined in the DSM IV.

2. Number of Homeless Individuals with SMI by Geographic Region

Historically, few definitive counts of the homeless population existed at the local, state, or national level. Homeless data was tabulated using many different methods. These methods may have included prevalence estimates using the quantitative data collected from several resources providing a baseline to begin an estimate of need. Currently, homeless data includes the tracking of administrative data as part of a statewide performance management system; the tracking of service usage through a computerized homeless provider communication system (HMIS); and through the use of homeless shelter, street, and institutional census counts. These efforts to estimate the number of individuals in the state who are homeless with a serious mental illness (SMI) have proven beneficial in the service planning and resource allocation process.

- a. Point-in-Time Homeless Census Survey: Table 2 offers a homeless census comparison between the seven (7) C of C jurisdictions from 2003 to 2008. In 2004 and 2005, Augusta's homeless count used a monthly long survey instead of point-in-time which may account for such large number. In 2005, Balance of State date (n=1,809) only included sheltered homeless due to the impracticality of covering 149 counties for an unsheltered count. Beginning 2007, more consistent survey practices were applied to include both sheltered and unsheltered data. The Georgia Department of Community Affairs (DCA) revised the Balance of State Homeless Census Survey counting methodology by implementing a

regression analysis count methodology to better identify sheltered homeless, unsheltered homeless, and precariously housed person within each of this jurisdiction's 149 counties. This planned count used housing status surveys administered during the last week of January, asking people where they spent the night of January 27th. The 2008 point-in-time homeless census count totaled 19,620 unduplicated sheltered and unsheltered homeless individuals. Since legislation requires each jurisdiction to conduct a point-in-time homeless count every other year, the 2008 total may include counts from 2007 and 2008.

The "1996 National Survey of Homeless Assistance Providers and Clients" designed and funded by 12 federal agencies under the Interagency Council on the Homeless indicates that 45% of homeless individuals have mental health needs. Based upon figures in Table 2, the 2008 homeless census count supports the assumption that there are estimated **8,829** (19,620 X .45) homeless persons with mental health needs on any given day in Georgia. Results continue to confirm the density of the homeless population concentrated in Atlanta (which includes Cobb), followed by Savannah, Columbus, and Augusta.

Point-In-Time Homeless Census Survey (table 2)

FY	Athens	Augusta	Cobb	Columbus	Savannah	Atlanta	Bal. of State	Total
2003	NA	NA	NA	NA	NA	6,956	NA	
2004	307	1,082	661	413	NA	NA	NA	
2005	436	700	555	959	1,093	6,832	1,809	12,384
2007	464	491	660	540	659	6,840	10,255	19,990
2008	462	605	660 (2007)	618	1,095	6,840 (2007)	9,340	19,620

b. Homeless Management Information System (MHIS): Georgia's selected Homeless Management Information System (HMIS), called Pathways, has more than 180 members statewide and provides online collaborative case management. Additionally, it collects a wealth of data on homelessness in Georgia that can be utilized to drive policy and funding decisions for the local jurisdictions, the Continuum, and the State of Georgia. Homeless service agencies have successfully implemented HMIS and are actively participating in the program representing a large percentage of the emergency shelter beds, transitional beds, permanent supportive housing beds, and supportive services. The table below (table 3) is an unduplicated count of number of homeless individuals entered into the HMIS system by region for calendar years 2005, 2006, 2007 and 2008. Note a 21.5% increase in the number of homeless individuals entered into HMIS in 2008 compared to 2007. Regions 1, 2, and 5 experienced a decrease in the number of homeless individuals entered into HMIS in 2008 compared to 2007. Regions 3 and 5 experienced an increase with 71% of Georgia's total homeless population concentrated in Region 3 which includes the metro-Atlanta area.

Most of the PATH providers participate in Pathways, entering all clients into HMIS upon enrollment in PATH funded services. Discussion has begun regarding collaboration between PATH and HMIS for greater client data integration.

Statewide HMIS System-Pathways Community Network
(Table 3)

Year	Region 1	Region 2	Region 3	Region 4	Region 5	Total
2005 1/10/05-12/31/05	212	2,866	11,697	1,115	1,712	17,602
2006 1/01/06-12/31/06	310	1,837	12,817	1,313	2,424	18,701
2007 1/01/07-12/31/07	456	3,100	18,026	1,932	3,438	26,952
2008 1/01/08-12/31/08	367	2,794	23,245	3,581	2,763	32,750

c. Statewide Performance Management System: The state information system tracks data on mental health consumers who experience homelessness. Table 4 illustrates the number of adults with serious mental illness reporting homelessness when authorized for community services during FY08. Region 3 served the largest number (n=2,809) of adult mental health consumers who reported a living situation as homeless. Region 3 includes Fulton, DeKalb, Clayton, Gwinnett, Rockdale, and Newton counties and is home to more than one fourth of Georgia's total population. From this data, it is also interesting to note that the largest number (n=1,857) of adult consumer reporting homelessness represent the 41-50 age group.

Number of Adults with Serious Mental Illness Reporting Homelessness by Region, Gender, Age
From July 1, 2007 through June 30, 2008
(Table 4)

Geographic Region	Region 1		Region 2		Region 3		Region 4		Region 5		Total	
Age Group	F	M	F	M	F	M	F	M	F	M	F	M
18-20	7	10	21	26	54	48	6	14	13	14	101	112
21-30	33	46	68	79	239	367	58	60	63	57	461	609
31-40	43	44	83	72	294	300	51	76	76	63	547	555
41-50	58	85	123	148	451	517	104	152	108	111	844	1,013
51-60	20	36	37	69	215	226	38	81	45	67	355	479
>60	6	2	17	9	69	27	4	5	4	10	100	53
Sub Total	167	223	350	405	1,323	1,486	261	388	309	322	2,408	2,821
Total	390 7%		755 15%		2,809 54%		649 12%		631 12%		5,229 100%	

3. How PATH Funds Are Allocated

Within the Georgia Department of Human Resources (DHR), the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) was established to administer and supervise state supported mental health, developmental disabilities and addictive diseases programs. The division is charged by law to: provide adequate mental health, developmental disabilities and addictive diseases to all Georgians; provide a unified system which encourages cooperation and sharing among government and private providers; and provide service through a coordinated and unified system that emphasizes community-based services. The governance of Georgia's public mental health system operates using a five (5) regional authority design that includes both the hospital and community service management. Each of the five DMHDDAD regions assumes the responsibility for resource allocation by contracting for services through a network of local providers. The decision to expand or support new services using PATH funds is based upon a demonstration of need, provider experience, program compliance with PATH legislative guidelines, availability of funds, and can be triggered by an interested provider, the DMHDDAD regional office, or the State PATH Contact.

An interested provider of homeless service can trigger this decision by requesting consideration of PATH funding based upon the submission of an Intended Use Plan and related budget describing the PATH funded activities they propose to offer. The DMHDDAD regional office reviews all submitted proposals and forwards those that comply with regional planning and PATH legislative guidelines to the State PATH Contact for further funding consideration.

The DMHDDAD regions can trigger this decision by contacting the State PATH Contact and request regional consideration for PATH funding based upon presented need.

The State PATH Contact can trigger this decision issuing a notification of funds available to the DMHDDAD regional offices and request support information for PATH funding, including provider availability.

Once the region with a large urban population and the greatest service need is established, the competitive Request For Proposal (RFP) bidding process is used to select and award a contract to the PATH provider within that region. Both the regional staff and State PATH Contact jointly participate in the application review and selection process. Service Contracts may be renewed on an annual basis as long as the provider continues to meet annual performance indicators set forth by the State. When the outcomes are not met or when there is need for a new project, the State PATH Contact initiates the competitive bidding process to select a new PATH vendor by releasing a written request for proposals (RFP).

Each year, the PATH Grant Application is posted on the Department of Human Resources website for public viewing and comment regarding the use of PATH funds and the availability of new funding opportunities. In addition, the regional offices annually announce the availability of PATH funds and invite public comment through local forums regarding regional PATH funding utilization and local homeless service needs.

a. Allocation Based on Assessed Need: Using 2000 U.S. Census information, Georgia has a population of 8,186,453. In 2004, DMHDDAD contracted with an outside consultant to conduct a "Gaps Analysis" of the mental health system. The goal of this project was to identify information to be used to shape the public mental health delivery system to best meet the needs of Georgians that rely upon state supported services to live in the community. The gaps analysis provides a planning tool to be used with legislators to justify funding requests, and a resource allocation tool for state policy. One source of data generated by the "Gaps Analysis" was an estimate of need by County for mental health services. This data identifies the prevalence of mental illness by county for both the adult and youth populations. Table 4 identifies those nine (9) counties in Georgia with the largest populations, including those in need of mental health services. With Georgia's PATH funding allotment based on an urban population formula, funding priority goes to those urban locations with the greatest concentration of homeless individuals. As supported by Table 5, these priority locations include Atlanta, Augusta, Columbus, and Savannah. The State also uses data generated by the Statewide Performance Management System (Table 4) to identify service needs by region.

Prevalence Estimate by Age and County for Need of Mental Health Services

(Table 5)

Places	Youth Population			Adult Population			Total Population		
County	Cases	Pop.	Prev. Est.	Cases	Pop.	Prev. Est.	Cases	Pop.	Prev. Est.
Georgia	160,630	2,169,234	7.4	386,843	6,017,219	6.43	547,473	8,186,453	6.69
Bibb	3,238	40,880	7.92	7,667	113,008	6.78	10,905	153,888	7.09
Chatham (Savannah)	4,489	58,083	7.73	11,083	173,965	6.37	15,572	232,048	6.71
Clayton	5,232	70,921	7.38	10,397	165,597	6.28	15,630	236,518	6.61
Cobb	10,764	158,406	6.8	24,251	449,345	5.4	35,015	607,751	5.76
DeKalb (Atlanta)	12,100	163,978	7.38	28,028	501,887	5.58	40,128	665,865	6.03
Fulton (Atlanta)	14,911	199,290	7.48	35,906	616,716	5.82	50,817	816,006	6.23
Gwinnett	11,293	165,993	6.8	23,453	422,455	5.55	34,746	588,448	5.90
Muscogee (Columbus)	3,890	50,002	7.78	9,278	136,289	6.81	13,168	186,291	7.07
Richmond (Augusta)	4,206	53,608	7.85	9,858	146,167	6.74	14,065	199,775	7.04

b. Special Consideration in Awarding PATH Funds Regarding Veterans: When selecting a PATH provider, the Request for Proposal (RFP) includes a technical requirement that the company demonstrate work experience and background in working with veterans. The National Mental Health Association and the Department of Veterans Affairs estimates that 25% to 40% of all adult males who are homeless are veterans. The outreach components of PATH funded projects identify, assess, treat, and support veterans who have a mental illness and are homeless. Outreach staff work closely with case managers from the Veterans Administration to engage homeless veterans in services. Regional gatherings of PATH providers and VA providers have

resulted in greater collaboration to serve homeless veterans. During the routine PATH site visits, each provider is reminded of the special consideration regarding veterans as specified in Section 522 (d) of the Public Health Service Act.

4. PATH Coordination with the State Plan

The State Mental Health Plan incorporates the PATH funded services as a part of the state's response to Criterion 1 for a Comprehensive Community-Based Mental Health Service System providing for the establishment and implementation of an organized community based system of care; Criterion 4 for Targeted Services to Homeless Populations with outreach to and services for individuals who are homeless; and Criterion 5 for Management Systems that support training for mental health providers.

a. Criterion 1: Comprehensive Community-Based Mental Health Service System: Non-traditional mental health services specifically designed for the homeless mentally ill, such as intensive case management and assertive community treatment, have been shown to be successful in engaging this group. The backbone of the PATH program is easy access and face to face contact to help obtain services and resources needed by homeless people with serious mental illness. Case Management provides an assigned and accountable professional or paraprofessional staff person who is known to that consumer and who serves as point of contact and advocate in obtaining services he or she needs within or outside the agency. By providing active treatment with ongoing contact between consumer and staff person, the likelihood decreases for a homeless individual to drop out of service prior to transitioning into mainstream resources. Table 6 data illustrates Georgia's reliance upon Case Management as a primary PATH service to access housing and link to mainstream services as a strategy to end homelessness. The total receiving benefit of PATH services decreased from 3,223 in 2007 to 3,071 in 2008 which is attributed to better definition of PATH eligibility and enrollment. Note that the number of PATH clients engaged in ongoing services increased from 1,289 in 2007 to 1,741 in 2008. This increase is attributed to better engagement strategies with a mutual intent for services to begin. The number of those enrolled in PATH funded case management has steadily increased from 403 clients in 2001 to 1,415 clients in 2008. This increase may be attributed to increased funding, improved programming, and PATH's constant commitment to end homelessness through engagement, enrollment, and linkage.

Utilization Rate of PATH Funded Case Management

(Table 6)

PATH Annual Report State Summary	Table B (B4)	Table B (B3)	Table C (g1)	
Year	Total Receiving PATH Services	Total Enrolled in a PATH Service	# Enrolled in PATH Case Management Service	Case Management Usage
2001	1776	514	403	78%
2002	1367	733	564	77%
2003	1726	830	322	39%
2004	3043	1355	630	46%
2005	3262	1287	837	65%
2006	2812	1109	928	84%
2007	3223	1289	969	75%
2008	3,071	1,741	1,415	81%

b. Criterion 4: Targeted Services to Homeless Populations: As illustrated in Table 6, more homeless individuals have received benefit from PATH services with 1776 persons in 2001 to 3,071 persons in 2008. Outreach is the gateway to treatment. As more homeless individuals are identified and engaged, more will link to those mainstream resources that can end their homeless cycle. Local service providers use multiple outreach strategies to identify and engage those consumers who resist intervention and need extended contacts over time to develop trust and acceptance of more traditional social and mental health services. These multiple outreach approaches include mobile outreach to streets, parks, and homeless gathering sites, fixed outreach to shelters, soup kitchens, and indigent health care clinics, and referral and walk-in outreach at the agency.

c. Criterion 5: Management Systems: Using PATH funds to provide Peer Outreach supports the State Mental Health Plan as well as Georgia's over arching philosophy and vision of the mental health system focus on Hope and Recovery for the people who receive service. Hope and Recovery are embraced in the movement toward more consumer directed and operated services. Employing a mental health consumer with homeless experience as a Peer Specialist to provide Peer Outreach has had a positive effect on the engagement process. As someone "who has been there", they are better able to relate in a more experiential and relevant manner. Peer Specialists serve as a role model of "recovery", a living demonstration that it is possible to escape the streets and regain life control. Offering this hope can foster motivation to change. The state has developed a training and certification program for Peer Specialists to assure a qualified consumer workforce. The training curriculum includes two 4-day sessions followed by a written and oral certification testing session. The program addresses issues specific to recovery, self-help, employment, and peer support. In FY08, 46 consumers successfully completed the Peer Specialist training and certification process, totaling a workforce of more than 450 Certificated Peer Specialists (CPS) since 2002. Currently, 5 of the 10 PATH Programs hire Peer Specialists to provide direct care.

5. Block Grant and State Revenue Funds to Serve the Homeless

Any adult with a behavioral health diagnosis on Axis I or Axis II in accordance with the DSM IV with a significantly effected level of functioning due to mental illness and/or addictive diseases and financially unable to pay for all or part of the needed service and has no third party source of payment is deemed eligible to seek assistance and receive any service available within the public delivery system. Individuals who are homeless are identified in mental health provider contracts as a priority population to receive State funded mental health services, and shall be seen immediately in compliance with their needs.

a. Mental Health Block Grant (MHBG) Funds: Federal Mental Health Block Grant funds are used to support services for individuals who are homeless. In 2002, Georgia allocated \$250,000 of the MHBG increase to support ongoing homeless services. In 2004, Georgia allocated the entire MHBG increase of \$219,000 to support additional ongoing homeless services. In 2005, Georgia allocated the entire MHBG increase of \$222,813 to expand crisis stabilization services and expand the development of consumer operated PEER Centers. Both of these resources will also benefit those who are homeless and have a mental illness.

b. Substance Abuse, Prevention and Treatment Block Grant (SAPTBG) Funds: In 2003, MHBG funds were matched with SAPBG funds to develop the first consumer-operated PEER Centers for consumers with co-occurring disorders. These services provide structured activities within a peer support model that promotes socialization, recovery, self advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, and assist individuals in living as independently as possible. This service is available to assist and support any homeless person with co-occurring disorders with acquiring skills needed to manage their illness and access community resources.

c. State General Revenue Funds: \$912,000 of State General Revenue Funds are used to purchase mental health services for those experiencing homelessness, including a 2003 enhancement to develop a shelter-based Assertive Community Treatment (ACT) team for homeless individuals with co-occurring mental illness and substance abuse disorders in the Fulton County. Some additional state funds are used to support residential programming for the homeless or formerly homeless. Self-help groups for those with co-occurring disorders, called Double Trouble in Recovery are funded in multiple DMHDDAD regions and provide an excellent social network for homeless consumers with both mental health and substance use disorders. In FY07, DHR-DMHDDAD committed an additional \$500,000 of ongoing state funding to support the Five Year Supportive Housing Plan in Atlanta. These funds purchase community-based mental health services attached to permanent housing for mental health consumers who are also homeless.

6. State Oversight of PATH-Supported Providers

a. State Office Oversight: DHR establishes minimum accreditation and certification criteria for agency's contracting to provide service. Accreditation is a review process conducted by a nationally recognized and approved accrediting body of a business or organization that is a direct service provider for people who are mentally ill, mentally retarded or substance abusing, focusing on prescribed standards. Certification is a review process conducted by the Evaluation and Certification Section of the DMHDDAD of a business or organization that is a direct service provider, focusing on prescribed standards.

In order to evaluate compliance with the agreements required under this program, the State PATH Contact conducts a minimum of one (1) annual site visit to each PATH funded program and meets with the program administrator, direct care PATH funded staff, and may include clients served. The site visit takes place on the site where the PATH funded services are delivered. Through the conduct of the site visit, The State PATH Contact in partnership with the DMHDDAD Regional Office Services Administrator attempts to accomplish the following objectives:

To provide technical assistance in reporting PATH data in the annual report; To monitor the performance of the agreed upon PATH funded services as stated in the Intended Use Plan and Proposed Budget; To evaluate compliance with the agreements required under the program including the Public Health Service Act and Terms and Conditions of the Award; To review PATH client records; To ascertain strengths of the PATH program; and To determine

opportunities for improvement related to the PATH Program and service delivery at the National, State and local levels.

The PATH Site Visit Monitoring Tool developed in 2004 directs a discussion focusing on issues related to personnel and staff development, policies/procedures/QA & I activities, services, fiscal management, cultural competency, consumer involvement, and service processes. A written report summing the site visit with findings and recommendations is submitted to the related DMHDDAD Regional Office and PATH provider.

In FY 2008, Georgia used a performance based PATH Contract Annex with monthly performance expectations which include a minimum number of clients to be enrolled in PATH funded service each month, and a minimum number of PATH enrolled clients transitioned into mental health/substance use services and housing upon discharge. Providers must submit monthly performance reports to the State PATH Contact which are reviewed prior to provider payment. Those providers that fail to meet the PATH monthly performance expectations receive an adjusted payment reflecting only those PATH clients who were enrolled.

To improve the quality of the PATH program documentation, the PATH State Contact developed standardized PATH record documents to ensure all programs consistently comply with programmatic and documentation guidelines. Beginning FY08, the standardized components of a PATH record includes the Eligibility Screening & Needs Assessment, Individualized Recovery Plan, Progress Notes, and a Discharge Summary.

b. DMHDDAD Regional Oversight: In an effort to increase provider choice, improve and standardize service access, and develop quality outcomes, Georgia's mental health and addictive diseases service delivery design has implemented multiple system changes. One such change is a reduction of regions from seven to five, returning many of the fiscal and monitoring functions to the State Office. Current regional office responsibilities focus primarily on provider development. Each region has established a comprehensive consumer/community satisfaction process that provides data to inform the region of quality, satisfaction, and service needs. DMHDDAD spearheads the state performance measurement and evaluation system (PERMES), a statewide process to assess service satisfaction through the use of consumer and family surveys. The results of these surveys are provided as feedback to every region

7. State Supported Training for PATH-Funded Staff

Georgia recognizes the importance and value of training. Multiple approaches Offering technical assistance and programmatic improvement are in place through the use of the DMHDDAD held PATH funds. Training is made available on an individual basis through routine site visits, on a regional basis through local forums, and offered statewide. More and more training opportunities are coming available through technical advancement.

a. Individual PATH Provider Training:

The State PATH Contact visits each PATH Program annually and includes individualized training based upon program performance and assessed need. In addition to the annual visits, the State PATH Contact is readily available to all PATH funded staff throughout the year for telephone or email consultation. Information regarding national teleconferences, funding

opportunities, and continuum of care information are relayed by listserv to all PATH providers and regional coordinators. Scholarships are made available to PATH funded staff to attend state and national training conferences. Providers may use PATH funds to send Peer Specialists to Certification training to build a competent consumer workforce. In 2005 and 2007, PATH funds were used to send individuals to the 4-day SOAR Train-the-Trainer programs to build state training capacity. The Georgia SOAR Network Newsletter is distributed to over 800 individuals and agencies statewide. This newsletter provides ongoing education and updates related to using SAMHSA's SOAR strategies to expedite disability benefits. Online SOAR training modules are being prepared and available to those who are unable to attend a regional SOAR training or as continuing education to SOAR trainees.

b. Regional PATH Provider Training: Using PATH funds, the MHDDAD SOAR Demonstration Initiative established SOAR trainers in each of the five (5) MHDDAD regions. In December 2007, the Policy Research Associates conducted a SOAR Train-the-Trainer 3-day workshop to train the five (5) 2-person MHDDAD Regional SOAR teams. Through regular conference calls and visits, each SOAR trainer received ongoing individual and group training. Through the regional SOAR teams, local providers attend SOAR training and receive CEU's offered through the University Of Georgia School Of Social Work. The 2-day SOAR training is now a Continuing Education option for Georgia's Certified Peer Specialists. Regional SOAR Provider Coalitions are being developed where local providers in each region come together to share SSI/SSDI information and track SOAR data.

c. Statewide PATH Provider Training: The MHDDAD SOAR Demonstration Initiative worked with the National Healthcare for the Homeless Council and a PATH Provider (St. Joseph Mercy Cares) to bring the "Documenting Disability: Simple Strategies for Medical Providers" to Georgia in April 2008. Over 150 physicians across the state attended this training either in person or by webcast. On May 14, 2008, the State PATH Contact conducted a statewide conference in Atlanta for all PATH providers. The focus of this training was on "Evaluating the Effectiveness of Georgia's PATH Program". Participants participated in shaping monthly performance goals to measure PATH program impact on ending homelessness. These new impact measures will begin on July 1, 2009. The MHDDAD SOAR Demonstration Initiative provides introductory SOAR training as a part of Georgia's Peer Specialist certification training.

8. Non-Federal Match Contributions Assurance

Georgia remains committed to serving individuals who have a serious mental illness and are homeless. The State PATH Contact participates in Georgia's Interagency Homeless Coordination Council to oversee the implementation of the State Action Plan to End Chronic Homelessness. In 2005, Georgia was selected as one of 13 states to participate in the national SSI/SSDI Homeless Outreach, Access, and Recovery (SOAR) Technical Assistance Initiative.

In 2007, Georgia received \$26.3 million from the HUD Continuum of Care grants program and \$3.5 million through the Emergency Shelter Grant (ESG) Program for local homeless projects. In metro Atlanta, the Regional Commission on Homelessness as led by United Way, continues to collaborate between providers, federal, state, local governments, and the business and faith community to end homelessness in City of Atlanta, Fulton, DeKalb, Cobb, Douglas, Gwinnett, Rockdale, and Clayton counties. Atlanta Housing Authority allocated 500 housing vouchers for

chronically homeless. City of Atlanta provided \$22 Million bond funds that produced over 430 housing units. There has been a tremendous increase in the number of beds for women and children. County funded case managers have been added

The State of Georgia agrees to comply with the maintenance of effort by making available state contributions toward homeless services in an amount that is not less than \$1 for each \$3 of Federal PATH funds provided in the FY 2008 allocation, which are available at the beginning of this grant period. The State of Georgia will maintain state expenditures for services specified in Section 521 of the Public Health Service Act at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period proceeding this fiscal year.

9. Opportunity for Public Comment

Except for the state administrative fee and the SOAR project, all other PATH funds are allocated by the DMHDDAD to the regions through the DHR Regional Offices. At regularly scheduled planning meetings, the availability of FY 2009 PATH funds is announced and public comment is invited related to continuing the funding of the PATH projects described in this plan and related to proposed new projects. Regions selected for new PATH funds present this information to the public at the planning meetings with comments to be received two weeks following the meetings.

The PATH Grant Application is routinely posted on the Department of Human Resources website for public viewing and comment regarding the use of PATH funds. This ensures direct communication between stakeholders and the PATH State Contact.

Section C.

2009 LOCAL PROVIDER INTENDED USE PLANS

Serenity Behavioral Health Systems

3421 Mike Padgett Hwy

Augusta, GA 30906

(706) 432-7923

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Serenity Behavioral Health Systems (SBHS) is a public, nonprofit organization governed by the Community Service Board of East Central Georgia. We are a comprehensive provider of mental health, substance abuse and developmental disability services, accredited by CARF. We provide services under contract with the Division of Mental Health, Addictive Diseases and Developmental Disabilities of the Georgia Department of Human Resources. Our service area covers 7 counties in east central Georgia: Richmond, Columbia, McDuffie, Wilkes, Lincoln, Warren and Taliaferro. We have clinics located in Augusta, Thomson and Washington. The PATH program operates out of the Augusta site.

- 2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.**
This PATH program shall annually receive \$120,000 in PATH funds. A detailed program budget is attached.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected Service Expectations from 7/01/09 through 6/30/10:

1) **Outreach Contacts:** Contractor shall identify and have contact with at least **200** individuals who are homeless and mentally ill in PATH funded Outreach services during the contract period.

2) **Case Management Enrollments:** Contractor shall enroll at least **150** individuals who are homeless and mentally ill in PATH funded Case Management services during the contract period.

An estimated 70% of the unduplicated total will be "literally" homeless (living outdoors or in an emergency shelter.).

b. Primary services to be provided, using PATH funds

Mobile outreach, which includes face-to-face interactions with literally homeless people in the streets, under bridges, in shelters, and other nontraditional settings, is intended to identify individuals who are unable or unwilling to seek services on their own. The team as a whole will engage individuals with a personal connection that encourages a desire to change. The MHP will utilize motivational interviewing skills to stimulate readiness to change. This may be accomplished by identifying current risks and problems related to homelessness and/or mental health issues. The Housing Specialist will assist by focusing on what the individual identifies as their wants and needs, offering immediate housing options, obtaining emergency contact information and setting up another meeting with the individual, preferably the following day. The Peer Specialist will share her story of recovery, remain client-focused and address their requests, provide helpful resource information that can be easily accessed, and provide a program brochure with contact information.

Fixed outreach is provided by the team and includes having a routine schedule for visiting shelters, soup kitchens, day labor and other homeless services. The team is located at Garden City Rescue Mission every Monday and Wednesday from 11:30am until 3:30pm. On Friday's, they are there from 12:30pm until 3:00pm. They visit soup kitchens daily.

Referred outreach is the availability of another agency to make a referral of a person experiencing homelessness by telephone. It consist of supporting agencies making contact with the PATH team on behalf of the consumer, or the consumer making contact with PATH because they were given information about the PATH program. All of the shelters, health clinics and hospitals have PATH program brochures with contact information.

Walk-in outreach provides assistance to those persons who self present at the agency. The individual is connected to the PATH team and outreach begins.

The average number of outreach contacts per consumer, prior to enrollment, is 1-3 contacts. The contact time may range from 15 minutes up to an hour or more depending on the individual and presenting issues. Outreach is the beginning step of case management. Problems and needs are identified and initial linkages to resources to address those needs are made. Outreach is the first step in establishing trust and hope for engaging the individual in treatment to improve their physical and mental health.

Case Management services engage clients in planning to end their homelessness by accessing housing and link to mainstream mental health and/or substance abuse services, medical services

and entitlement benefits. Case management services are designed to address directly the issues of client access to housing and service integration into mainstream mental health and substance abuse services. The team members, along with the client, identify what is important to the client and then develop a realistic plan for achieving the goals. The recovery plan identifies these needs and contains strategies that will be used to end the homeless cycle. The MHP will assist with financial planning, provide psycho-education, and provide interventions for the development of interpersonal, community coping and independent living skills. The Peer Specialist will assist with development of a Wellness Recovery Action Plan and development of symptom monitoring and self-medication strategies. Supports provided by the Peer Specialist will include empowering the client to have hope for and participate in her/his own recovery. The Housing Specialist will identify with the client his/her preference for housing and assist with obtaining emergency shelter and utilizing homeless resources in the community. This may include subsidized off-the-street (motel) housing, Supportive Housing Programs and Shelter + Care housing. The Housing Specialist may also assist with family reunification if the client is agreeable. Case management services are provided to eligible homeless individuals involved in PATH and their recovery plans are reviewed at least once every 3 months.

Discharge planning begins at enrollment via identifying specific goals the client wants to achieve and the time frame needed to achieve these. Once the goals have been substantially reached, discharge can occur. Other reasons for discharge include transitioning to mainstream mental health services, such as Community Support Individual, where the client will receive ongoing case management services. Discharge can occur if the client is unwilling to participate in the program, if he/she needs services not available with the PATH program, or if the client asks to be discharged. Every effort is made to secure housing and mental health/substance abuse services prior to discharge.

Whether the service is outreach or case management, the team will assist the client to access needed services by arranging transportation when possible, providing transportation, accompanying them to appointments, and assisting with completing applications for housing, benefits, food stamps, etc. The PATH program utilizes a dedicated van in order to have access to potential and current clients involved with PATH. The team is able to use the van to locate potential clients, transport to and from any appointments they may have, obtain emergency food, clothing, shelter, etc, until clients are able to access these resources on their own. Clients who are being linked to community resources may or may not have knowledge of the location of the resources. Having available transportation can be used as a teaching tool for demonstrating where community resources are located. Being able to provide transportation to appointments also encourages adherence to prescribed treatments.

- c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients:
Augusta Task Force for the Homeless, Salvation Army, Garden City Rescue Mission, Augusta Rescue Mission, Lots Ministry, Mercy Ministry, Hale House, Augusta Urban Ministries, Augusta Housing Authority, Richmond Summit Apartments, Maxwell House Apartments, Bon Air Apartments, Glenwood Apartments, Augusta Area Ministries Council, Antioch Ministries, First Baptist Church of Augusta, Beulah Grove Baptist Church Community Center, Caring Together and More, Inc., Catholic Social Services, Church of the Good Shepherd, Serenity

Behavioral Health Systems, Behavioral Health Link, Faith Outreach Christian Center, Georgia Legal Services, Golden Harvest Food Bank, Goodwill Industries, GAP Ministries, Interfaith Hospitality Network, Neighborhood Improvement Project, Saint Paul's Church, Saint Vincent DePaul Health Clinic, Department of Public Health, EDA, St. Stephen's Ministries of Augusta, United Way of the CSRA, Department of Veteran's Affairs Homeless Service Program, Walton Community Service, Department of Family and Children Services, East Central Regional Hospital, Medical College of Georgia, University Hospital, Augusta Richmond County Government, Georgia Department of Labor.

PATH coordinates services with these supporting agencies in three ways: fixed, mobile, and referred.

Fixed outreach consists of the PATH team making scheduled visits to some of the supporting agencies.

Mobile outreach consist of the PATH team going out in the community to common areas that people who are homeless gather; such as, soup kitchens, parks, under bridges, library, etc. During this process, pamphlets with contact information for the PATH program are distributed within the community.

Referred outreach consist of supporting agencies making contact with the PATH team on behalf of the consumer, or the consumer making contact with PATH because they were given information about the PATH program.

The PATH team attends the Continuum of Care (CoC) meeting each month where contact is made with supporting agencies that serve people who are homeless.

PATH team members also participate in various housing and outreach committees.

d. Gaps in the current service system:

- Housing for homeless persons with felonies is very limited.
- Shelters for females (non-domestic violence) are limited.
- Employment opportunities suitable for those with disabilities still have gaps.
- Transportation services still have gaps.

e. Services available for clients who have both a serious mental illness and substance use disorder (strategy for meeting the treatment needs of co-occurring):

Individuals who have both a serious mental illness and substance related disorder are referred to Serenity Behavioral Health Systems for treatment, as we operate an integrated, dual diagnosis-specific treatment program. Both outpatient treatment (ASAM Level 1) and Intensive Outpatient Programs (ASAM Level 2.1) are offered. The Crisis Stabilization Program is also available for medical detoxification.

Veterans are referred to the Veterans Affairs Homeless Program.

Beginning in 2005, the PATH program sponsors the Double Trouble in Recovery self-help group for those who are dually diagnosed. This group is held weekly at Serenity Behavioral Health and offered to PATH clients with co-occurring mental illness and substance use disorders.

f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing clients usually provided and the name of the agency that provides such housing):

Those eligible for housing will be linked to the following housing programs:

EOA Transitional Housing, Bon Air Apartments, Augusta Housing Authority, Richmond Villa Apartments, Richmond Summit, Glenwood Apartments, Villa Marie Apartments, Mount Zion Apartments, Old Towne, Inc., and Trinity Manor.

In addition, Maxwell House Apartments are now open and 44 units were allocated for individuals with mental health needs. Serenity currently provides ongoing support and case management to those individuals.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

PATH-staff attend scheduled meetings of the Augusta Task Force for the Homeless. This meeting allows us to network with other providers of service to the homeless in a formal manner. Member agencies are also the agencies operating as the Continuum of Care program. We, along with other member agencies, serve on the Mayor's Council on Homelessness. We also participate each year in the Department of Veteran's Affairs annual "Stand Down" program for the homeless.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. The homeless population in Augusta is 66% males and 34% females, who are 53% African American, 47% White, with 52% between the ages 18-34 and 45% between the ages of 35 and 49, and living in a short term shelter upon first contact. The principle mental illness diagnoses were schizophrenia and affective disorders, with 76% having co-occurring substance use disorders.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	# Caucasian	# Black African/Am.	# MH Consumers
Serenity BHS	3	2	1	2	1	1

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. Serenity Behavioral Health Systems promotes cultural diversity and provides cultural competency training to all employees. Free interpreter services are available for those who do not speak English as is our language line. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation in the program design with employed mental health consumers operating as direct care staff.

d. Serenity Behavioral Health Systems promotes cultural diversity and annually offers cultural competence training to all employees.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

It is the mission of this organization to promote self-sufficiency and to reflect the value of involving consumers and family members in order to improve the outcome. The Board of Directors includes consumers and family members as they help shape program policy and procedures. Serenity Behavioral Health Services employs Certified Peer Specialists who actively participate in program planning and implementation of services. A Certified Peer Specialist is a member of the PATH funded Team. This agency places a strong emphasis on consumer satisfaction and seeks ongoing program evaluation of services through the use of a consumer satisfaction survey. PATH clients will continue to be involved in identifying and planning for services.

7. Provide a budget narrative that provides details regarding federal PATH funds.
Proposed State FY 2009 Annual PATH Budget

1. Personnel Costs				
Positions	Annual Salary	PATH FTE	PATH Salary	Total
Mental Health Professional	\$31,500	.5	\$31,500	
Housing Specialist	\$39,263	1.0	\$39,263	
Certified Peer Specialist	\$20,736	1.0	\$20,736	
		2.5 FTE		
				\$91,499
2. Fringe Benefit Costs				
Housing Specialist (@28%)		\$11,134		
Certified Peer Specialist (@28%)		\$5,860		\$16,994
3. Training				
				\$410
4. Transportation Costs				
Vehicle Operation & Personal Mileage:		\$5,990		
				\$5,990
5. Program Supply Costs				
Office Supplies:		\$1,600		
				\$1,600
6. Administrative Costs				
				<u>\$3,507</u>
GRAND TOTAL:				\$120,000

Section C.**2009 LOCAL PROVIDER INTENDED USE PLANS...continued**

Community Friendship, Incorporated
85 Renaissance Parkway, NE
Atlanta, GA. 30308
(404) 875-0381

- 1. Identify a brief description of the provider by organization receiving PATH funds, including name, type of organization, services provided by the organization and region served.**
Community Friendship, Inc. (CFI) is a comprehensive provider of recovery-based services assisting adults in metropolitan Atlanta. Our mission is to provide a supportive community for people whose mental illness prevents them from participating in community life, employment, and relationships. Incorporated in 1971, CFI is a non-profit organization nationally accredited by CARF (the Commission on Accreditation of Rehabilitation Facilities) International for over 29 years. Services offered include intensive case management, homeless outreach, skill teaching services, vocational services, supported employment as well as a broad range of residential options to persons with psychiatric disabilities, many of whom have been homeless. This PATH program is funded to serve Fulton County, which is the region is served by the Metro MHDDAD Regional Office.
- 2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.**
This provider shall annually receive \$120,250 in PATH funds and will use these funds to provide mental health support services to homeless persons. A detailed budget is included with this application.
- 3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:**
 - a. Projected Service Expectations from 7/01/09 to 6/30/10:**
 - 1) Outreach Contacts:** Contractor shall identify and have contact with at least 503 individuals who are homeless and mentally ill in PATH funded Outreach.
 - 2) Case Management Enrollment:** Contractor shall enroll at least 100 individuals who are homeless and mentally ill in PATH funded Case Management.

This provider projects that 90% of the unduplicated total will self-report as "literally" homeless.

- b. Primary services to be provided using PATH funds:**

PATH funds will be utilized to provide Outreach and Case-Management through a Homeless Mental Health Team. The Team includes two (2) Case Managers and one (1) full-time Peer Outreach Assistant (mental health consumers) to provide street outreach and visits various shelters located in downtown Atlanta that is the centerpiece of the Regional Commission's continuum of care. The Team targets those homeless individuals whose mental illness has remained untreated. Typically this population has a multitude of complex needs including food, clothing, housing, mental health services, health services, and income to name a few. Some clients are best served through Outreach. This service focuses on establishing a trusting relationship, building rapport, assessing immediate need, providing referral information, and coordinating linkages to resources. CFI's Homeless Mental Health Team has adjusted its schedule to do morning outreach starting at 6:00am. The team has also participated in the early

morning outreach with the Atlanta Homeless Outreach Collaborative. Moreover, when consumers have early morning or late afternoon appointments or emergencies, the team can address this need. Due to the variety of consumer needs, services range from only needing the coordination of mental health services to full array of bio-psycho-social needs. All PATH staff has completed the SOAR training to learn strategies to expedite disability benefit applications. Assisting homeless individuals with filing claims will be a major focus for the PATH Team this year. It is the goal of Case Management to successfully transition the client into mainstream mental health services. For some, the enrollment process takes an extended period of time and is considered an important first step as the individual begins the recovery process.

c. Community organizations that provide key services:

The Team works in coordination with other providers of community services, such as Grady COS Team, Florida Hall, Open Door Community, Grace's Church, First Presbyterian Church, Women's Day Shelter, Georgia Avenue Church, Lady of Lourdes Catholic church, In-town Assistance, DHR SOAR Project, First Step Staffing, Inc. and the Homeless Outreach Collaboration Committee. The case manager of the Team communicates and coordinates as needed with the above agencies to assist PATH consumers in obtaining needed services. For instance, the case manager might assist a consumer in obtaining mental health treatment services from Grady Health System and the Atlanta Task Force for the Homeless in securing housing.

These various programs include: Fulton County Community Mental Health Centers, Fulton County Alcohol and Drug Treatment Center, Grady Health System, Northside Community Mental Health and Substance Abuse Center, Task Force for the Homeless (advocacy), St. Joseph's Mercy Care Services (healthcare), Mary Hall Freedom House, Crossroads Ministries (shelter), Georgia's Mental Health Consumer Network (consumer support), Traveler's Aid and area shelters, hospitals, Gateway Homeless Service Center, and jails.

d. Gaps in current service system:

Gaps in service to PATH eligible clients continue to be a lack of affordable housing, lack of supported housing, lack of available housing for individuals with mental illness who are elderly (geriatric needs), a lack of specialized services for adults aged 18 to 21, limited case management services, poor access to quality medical care/treatment and limited transportation support. Limited affordable housing with support makes it difficult for individuals to maintain successful community integration. Case Management is important and significant to properly assess and link consumers to mental health, medical and community services. Case Management will ensure that the needs of consumers are addressed from a holistic perspective and can provide needed support in making and keeping appointments. Although public transportation is available, many individuals need help in utilizing the system and/or need financial assistance to purchase Breeze Cards. Physical health issues for this population are often ignored or go untreated.

e. Strategies for providing services to clients with of co-occurring mental illness and substance use disorders:

Consumers are provided support and encouragement to maintain sobriety and are supported in treatment participation, self-help programs and compliance with mental health service recommendations. Consumers are referred to dual diagnosis programs such Fulton County Alcohol and Drug Treatment Center. The Georgia Mental Health Consumer Network provides

Double Trouble peer support self-help groups to individuals with co-occurring mental illness and substance abuse. One of these groups is held weekly at this agency.

The Georgia Department of Human Resources (DHR) Division of Mental Health, Developmental Disabilities and Addictive Diseases offers a Minimum Standard Training Requirement courses for Paraprofessionals online titled Georgia's Essential Learning. The subject areas consist of Case Management, Cultural Competence, Documentation, Mental Illness & Addictive Disorders, Professional Relationships, Safety/Crisis De-escalation, and Service Coordination. A total of 29 hours of online training is necessary to fulfill the training requirements. CFI's Homeless Mental Health Team completed the curriculum in January 2009.

f. Strategies for making suitable housing available to PATH clients:

CFI's Homeless Mental Health Team (HMHT) has access to the residential services using the Ponce Hotel for 30 – 90 days (dependent on available resources and client's situations) as short-term alternatives until more permanent options become available. The Ponce hotel is utilized often due to the good working relationship that we have with management staff there. Management staff is able to provide a report of how a client functions and interacting with other hotel guests and staff while staying at the hotel. The HMHT also initiates housing referrals to CFI's own residential programs. CFI's residential programs includes, supervised group homes, HUD supervised-apartments, semi-independent apartments, O'Hern House and Phoenix House. In addition, the HMHT refers clients to Community Concern's Safe Haven, Welcome House Shelter Plus Program, Positive Outlook, Living Room (HIV +), Atlanta Housing Authority, licensed personal care homes, and boarding houses. All referrals are dependent on client's income. For clients that have SSI, all the above options are available to them. As for clients who have only General Assistance and Food Stamps, they would qualify for Phoenix House, Welcome House, Atlanta Housing Authority, and HUD apartments. For clients without income, their housing options include O'Hern House, Positive Outlook, and Community Concern's Safe Haven.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.

The Homeless Mental Health Team coordinates services within a network of regional providers by utilizing their services to stabilize and maintain the physical health, mental health and substance abuse issues of the consumer served. By working closely with these and other agencies, consumers are assisted in reaching their maximum level of successful community living. The team plays an intricate part of the continuum of care in providing emergency housing and case management services to consumers who are referred by jails, shelters, and area hospitals.

The case manager of the HMHT communicates and coordinates as needed with the above agencies to assist PATH consumers in obtaining needed services. For instance, the case manager might assist a consumer in obtaining mental health treatment services from Grady Health System and medical services from St. Joseph's Mercy Care Services while working with the Regional Commission on Homelessness.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to

age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. CFI is located in downtown Atlanta which is the largest city in the most densely populated county in the State. The client population is 43% male and 57% female, 85% African American, with 48% between the ages of 35-49 and literally homeless upon initial contact. The primary diagnoses include schizophrenia and affective disorders, with 33% reporting co-occurring substance use disorders.

b. The agency employs staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	# Caucasian	# Asian	# Black African/Am	# MH Consumers
CFI	4	3	1	1	1	2	1

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. CFI promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. A member of the HMHT speaks Vietnamese semi-fluently. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

d. Cultural sensitivity is a critical part of the CFI new hire orientation training. All employees receive annual diversity training in order to reiterate the importance of respecting individual differences. DHR includes cultural competence performance standards in all service contracts and requires that provider staff match the population served.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Peer Case Manager attended the Certified Peer Specialist training.

A Board of Directors requires consumers and family membership to participate in program planning decisions. CFI's Board includes both consumer and family representation. Consumer participation is a vital part of the planning, implementation and evaluation of the quality of service programming. Agency wide,, approximately 20% of the employees are consumers and a member of the PATH Homeless Mental Health Team is a Certified Peer Specialist with homeless experience.

7. Provide a budget narrative that provides details regarding federal PATH funds.

Proposed State FY 2009Annual PATH Budget

1. Personnel Costs

Positions	Annual Salary	PATH FTE	PATH Salary	Total
Program Director	55,623	0.10	5,562	
Case Manager	39,405	1.00	39,405	
Case Manager	37,500	0.50	18,750	
Peer Outreach	18,872	<u>1.00</u>	18,872	
		2.60 FTE		

Sub Total \$82,589

2. Fringe Benefit Costs (@ 20%)

Sub Total \$16,518

3. Transportation Costs

Vehicle Operation & Personal Mileage: \$2,500

Sub Total \$2,500

4. Housing Coordination Costs

Rental Assistance & Emergency Housing

Sub Total \$15,143

5. Administrative Costs

Sub Total \$3,500

GRAND TOTAL: \$120,250

Section C. 2009 LOCAL PROVIDER INTENDED USE PLANS...continued

**Travelers Aid of Metropolitan Atlanta
75 Marietta Street, Suite 400
Atlanta, GA 30303
(404) 817-7070**

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, and region served.

In 1917, Atlanta Travelers Aid assisted traveling servicemen and their families with displacement caused by war as well as national migration caused by the Great Depression of 1930's. Since that time, Travelers Aid has adapted its services to include not only assisting stranded travelers but also to assist those in Atlanta who experience homelessness. Travelers Aid has played a significant role in the Metro Atlanta response to major crises such as September 11, 2001 and hurricanes Katrina and Rita. This non-profit agency provides multiple services which include housing, outreach, homeless prevention, and emergency assistance to victims of domestic violence, HIV/AIDS, and families experiencing homelessness.

2. Indicate the amount of federal PATH funds the organization will receive.

Travelers Aid of Metro Atlanta will receive \$158,875 in PATH funds, with a detailed budget including direct and indirect costs enclosed with this application.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served from 7/01/09 to 6/30/10:

1) **Outreach Contacts:** Contractor shall identify and have contact with at least 130 individuals who are homeless and mentally ill in PATH funded Outreach.

2) **Case Management Enrollment:** Contractor shall enroll at least 122 individuals who are homeless and mentally ill in PATH funded Case Management.

This provider projects that 70 % of the unduplicated total will self-report as "literally" homeless.

b. Primary Services to be provided:

PATH funds will be utilized to provide Outreach and Case-Management for homeless individuals and families living in places not meant for human habitation in both Fulton and DeKalb counties. The target population may be referred by the general population, police, community courts, or upon discharge from jail. A Homeless Mental Health Team consisting of three full-time staff includes an Outreach Coordinator, licensed Mental Health Professional (LCSW), and Certified Peer Specialist.

The Outreach Coordinator will oversee outreach activities including establishing daily performance targets, site locations, engagement tactics, and identify resources for homeless consumers. Types of resources used for engagement include food coupons and MARTA tokens to assist with transportation. The team will use the HUD definition of homelessness and is trained to recognize mental illness and co-occurring substance use disorders in order to determine if an individual is PATH eligible. Outreach contacts will be entered into the HMIS system (Pathways).

Case Management provides intensive support to assist clients enrolled through Outreach to access housing and transition into mainstream mental health treatment. Each new client enrollment receives an eligibility screening and a needs assessment by the licensed Mental Health Professional (LCSW) that includes housing, SSI/SSDI, employment, veteran status, substance abuse, mental health, and medical. An Individualized Service Plan is developed in partnership with the consumer to identify goals and strategies to promote change and end homelessness. The Certified Peer Specialist assists by helping the consumer articulate personal goals for recovery and setting objectives for achieving goals. The Peer Specialist models recovery, teaches illness self-management, and connects the consumer to self-help groups including NA, CA, and DTR.

c. Community organizations that provide key services:

The Homeless Mental Health Team collaborates with other key service organizations to increase access to an array of needed services and resources for enrolled clients. These key organizations include:

- Community Friendship for access to supportive housing resources;
- Behavioral Health Link for access to crisis and emergency services;
- St. Joseph Mercy Cares for access to healthcare;
- Grady Health Systems for access to mental health and ACT services;
- Regional Commission on Homelessness as leading Metro Atlanta's Blueprint to End Homelessness;
- Gateway 24/7 Homeless Service Center for providing programs and services for chronically homeless individuals.

d. Gaps in current service system:

The Homeless Mental Health Team is responsible for filling gaps in services or bringing any gaps to the attention of the Regional Commission on Homelessness. The main gap in the system is the need for case managers to support clients as they transition from homeless to "being housed". The Regional Commission has great success in creating new supportive housing in metro Atlanta. The PATH funding provides the attached supports needed to successfully transition clients into housing and access ongoing services and entitlement benefits to ensure self-sufficiency.

e. Strategies to provide services to clients with co-occurring mental illness and substance use disorders.

Each person enrolled in case management is evaluated for co-occurring mental illness and substance use disorders and through Behavioral Health Link they access both addictive and mental health services available in the community. PATH consumers are also linked to local peer led self-help groups including Double Trouble in Recovery (DTR) meetings which occur 7 days a week at various sites throughout Atlanta.

f. Strategies for making suitable housing available to PATH clients:

Travelers Aid receives HUD funding and project based vouchers through the Atlanta Housing Authority to operate a "housing first" program in metro Atlanta for homeless men, women, and children. Using scattered apartment communities, each client receives on-site case management support while enrolled in the program. These housing programs include:

- Kensington Apartments;
- Woods at Glenn Rose Apartments;
- Silver Hills Apartments; and
- Forest Ferry.

PATH enrolled clients will receive assistance with locating appropriate housing using www.georgiahousingsearch.com or through one of the scattered apartment communities with no income requirement for participation.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Travelers Aid is actively involved in the Atlanta Tri-Jurisdiction Continuum of Care, and receives HUD funding for supportive housing. Travelers Aid is also an active member of the Regional Commission on Homelessness and coordinates housing for organized Street-to-Home outreach initiatives.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic difference of clients; and (d) the extent to which staff receive periodic training in cultural competence.

(a) The demographics of the target population include:

- individuals with serious mental illness who are literally homeless;
- individuals located in Fulton and DeKalb counties; and
- individuals who do not readily access traditional services.

(b) The demographics of staff include minority representation.

(c) Staff is experienced in this field and has participated in diversity training.

(d) Staff must participate in the Regional Commission on Homelessness Case Management Training Academy through a series of monthly 3 to 6 hour workshops based on specific curricula to improve skills to engage consumers and impact their homelessness. This includes routine sessions on cultural competence.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH funded services. Also, are persons who are PATH eligible employed as staff or as volunteers? Do persons who are PATH eligible serve on governing or formal advisory boards?

A Board of Directors includes consumers and family members to participate in programming decisions and implementation. Travelers Aid hires consumer practitioners. One member of the PATH Homeless Mental Health Team is a consumer in recovery with homeless experience who has completed Georgia's certification for peer specialists.

7. Provide a budget narrative that provides details regarding federal PATH funds.

Proposed State FY 2009 Annual PATH Budget:

1. Personnel Costs

Positions	Annual Salary	PATH FTE	PATH Salary	Total
Case Manager (LCSW)	43,860	1.00	43,860	
Outreach Coordinator	37,500	1.00	37,500	
Peer Outreach	28,000	<u>1.00</u>	28,000	
		3.00 FTE		
				\$109,360

2. Fringe Benefit Costs	(@ 20%)	\$21,872
3. Transportation Costs		\$8,120
Vehicle Operation & Personal Mileage:		
4. Supplies		\$1,565
Cell Phones 2@ \$120/mo		
Office Supplies		
5. Housing Coordination Costs		\$14,458
Emergency Rental Assistance		
Emergency Food Assistance		
Security Deposits		
Household Items		
6. Administrative Costs		<u>\$3,500</u>

GRAND TOTAL: \$158,875

Section C.	2009 LOCAL PROVIDER INTENDED USE PLANS...continued
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Community Concerns, Inc.
276 Decatur Street
Atlanta, Georgia 30312
(404) 659-3390

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Community Concerns, Inc. is a private, non-profit agency providing supportive housing in Metro Atlanta designed to serve the hard to reach homeless persons with severe mental illness or co-occurring disorders who are on the street and have been unwilling or unable to participate in housing or supportive services. This (15) bed Safe Haven program embraces a holistic philosophy, utilizing dual diagnosis – educational groups, supportive counseling, and the client centered approach while fostering trust and rapport between the client and service provider. This PATH program is funded for Fulton County, which is located in the MHDDAD Region 3.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

The organization shall annually receive \$249,000 in PATH funds. A detailed budget is enclosed with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients.

a. Projected Service Expectations from 07/01/09 to 06/30/10:

Support and Supervisory Service Enrollments: Contractor shall enroll approximately 50 individuals who are homeless and mentally ill in PATH funded Support and Supervisory Services in a Residential Setting.

The provider projects that 100% of the unduplicated total will self-report as “literally” homeless.

b. Primary services to be provided:

All PATH funds will be used to provide Supportive and Supervisory Services in a Residential Setting attached to the fifteen (15) bed Safe Haven Transitional Program. Referrals to the Safe Haven come from local homeless providers and the Odyssey III Supportive Service Center which is located on the same campus. Based upon an Individual Service Plan developed in partnership with the client, this service will provide daily independent life skills training within a safe and supportive environment as residents engage in community based mental health services to transition them into permanent housing and resources. To ensure a safe and nurturing environment for the residents at the Safe Haven, 24-hour supports are provided through PATH funded Supportive and Supervisory Services. A staff member remains present and available at all times of the day and night to provide support and social activity. In addition to this service, other supplemental services will be provided through additional funds and private donations. This services works collaboratively with the resident’s assigned community-based case managers. The Safe Haven Transitional House receives admission referrals from With such a daily influx of eligible consumers coming through Odyssey III, the PATH State Contact has advised that further Outreach is not necessary to administer this program. Therefore, Community Concerns **no longer uses PATH funds for Outreach** and will work collaboratively with Odyssey Supportive Service Center for admission referrals.

c. Community organizations that provide key services to PATH eligible clients:

Community Concerns is located in the downtown Atlanta area where the greatest concentration of the homeless population congregates and the majority of homeless services exist. Clients are referred to Community Concerns from other local homeless service agencies such as Crossroads Ministries, Atlanta Union Mission, hospitals, shelters, and jails. Once homelessness is verified and immediate needs are assessed, many consumers are linked to those resources that can provide for their basic needs. Those clients determined as PATH eligible are enrolled in the supportive housing program. By fostering trust and rapport between the client and service providers, the client may slowly show an interest and willingness to want to accept services with the ultimate goal of permanent housing and a commitment to participate in available community based mental health services. Due to the nature of their chronic and persistent mental illness, many Safe Haven clients either have or pursue disability benefits. Others with a desire to work are referred to employment services: i.e., State Vocational Rehabilitation Services; Odyssey III WorkForce; Goodwill Industries; GA Dept. of Labor, etc. Once a PATH enrolled client has obtained financial resources and requests more independent living, they are then linked to the Fulton County Resettlement Program for assistance with services related to Permanent Housing. Community Concerns works within a network of homeless services in the metro Atlanta area. These major existing programs include: Fulton County Department of MHDDAD (mental health and addictive disease treatment), Grady Healthcare Systems (physical health/ mental health/ addictive disease treatment), Community Friendship, Inc. (peer support services), St. Joseph’s Mercy Care Services (health care services), Crossroads Ministries Shelter, Atlanta Union Mission, area shelters, hospitals, and jails.

d. Gaps in the current service system:

A major service gap in Metro Atlanta is the lack of appropriate and affordable housing designed to address the mental health supports and permanent housing needs of the most chronic and most treatment resistant homeless consumers who are on the street and unwilling or unable to access

services. The Odyssey III-Safe Haven accommodates homeless mentally ill persons coming from shelter as well as those coming directly from the street with absolutely no financial resources. The Safe Haven offers a stable and secure environment for people who have not been adequately served in more traditional homeless shelters or more mainstream housing options. Individualized Service Planning and subsequent service delivery tailored to meet the needs of the mentally ill/dually diagnosed consumer establish a trusting relationship and insures that staff meet the basic needs of each consumer.

Another gap in the current service system is the lack of efforts toward Family Reunification for homeless clients. We have discovered in the current service year, that many of our most “difficult to place” clients (due to the nature of their psychiatric and/or physical disabilities) were best served through reunification with their family. There have been concerted efforts on Odyssey III staff, to encourage clients to reconsider reconnecting with family. We have facilitated family counseling sessions; mediated family discussions; provided Psych Ed. Services; and assisted family members in creating and implementing a behavioral contract designed to facilitate an easier transition back into the home.

- e. Services available to clients who have both a serous mental illness and substance use disorder: Community Concerns recognizes the importance of addressing both the mental health and substance abuse disorders simultaneously for those with co-occurring disabilities. Co-occurring support groups are available on the Safe Haven property for all PATH enrolled consumers. Both individual and group sessions as provided by PATH funded clinicians. In addition, PATH consumers are encouraged to attend weekly Double Trouble in Recovery (DTR) and Narcotics Anonymous (NA) meetings, which are held at the Safe Haven location. Consumers may attend ongoing 12-step meetings offered each night at nearby sites. As they transition into the public mental health delivery system, long term services for co-occurring disorders are provided by Fulton County Department of MHDDAD, Grady Healthcare Systems, and Fulton County Drug and Alcohol Treatment Center.

The staff of the Safe Haven has participated in several community trainings including the DHR sponsored Integrated Treatment Training led by Kathleen Sciacca, a national expert in integrated services. This training included Motivational Interviewing and Cognitive Behavioral Therapy seminars plus eight months of on-going practicum and supervision. The Director of Counseling (a Licensed Social Worker), facilitates monthly on-site training for all PATH funded staff related to the treatment of mental health and substance abuse issues. This training enhanced the agency’s clinical capacity to provide integrated support to those with both mental illness and addictive diseases.

- f. Strategies for making suitable housing available to PATH clients: Community Concerns, Inc. provides supportive housing in Metro Atlanta designed to serve the hard-to-reach homeless persons with severe mental illness or co-occurring disorders that are on the street and unwilling or unable to participate in housing or supportive services. This fifteen (15) bed Safe Haven transitional housing program embraces a holistic, client centered philosophy while fostering trust and rapport between the client and service provider. This is an SRO style apartment unit, equipped with furnishings, and heating/ cooling systems for each unit. Residents may be assigned a roommate, and special accommodations may be made for those with a handicap that

limits their mobility. This residence provides 24/7 support and supervision using skilled, and experienced professionals. Some potential consumers may live temporarily at a local residential hotel while completing the Safe Haven application and waiting for an opening. This is done in close collaboration with Community Friendship, Inc. (CFI) who provides the community based support services. The PATH funded support staff may work directly with the PATH consumer on family reunification or link with various local housing programs including group homes, supervised apartment programs and total independent living.

4. Describe the participation of PATH local provider in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Community Concerns, Inc. is an active participant in the Atlanta Regional Commission to End Homelessness and the local Atlanta Tri-Jurisdiction Continuum of Care planning process and active with the Homeless Action group (HAG), which is a larger local forum that incorporates multi-jurisdiction membership. Community concerns and its affiliated programs are identified as fundamental components in the Continuum of Care system under the provision of housing and supportive services. As a project sponsor for a HUD C of C award, Community Concerns is linked to a network of 58 homeless provider organizations in the metro Atlanta area through Pathways Community Network. This is the HMIS system implemented within the state of Georgia

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. Community Concerns is located in the downtown Atlanta. The client population is 100% male with 65% between the ages of 35-49 years who were literally homeless for as long as one year. 81% are African American, majority with a mental illness diagnosis of schizophrenia, 98% with co-occurring substance use disorders.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# Caucasian	# Black/African American	# Consumers In Recovery
Community Concerns	11	1	10	0	11	11

c. This agency uses staff training, and program evaluation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. Community Concerns promotes cultural diversity and provides cultural competence training to all employees. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background.

d. Community Concerns provides ongoing cultural competency/ cultural diversity training to staff throughout the year.

6. Describe how persons who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and

evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Consumer participation in the planning, implementation and evaluation of PATH funded services is strongly encouraged at Community Concerns. Consumers sit on the Board of Directors. One former consumer of homeless/ substance abuse support and transitional services is now a support staff member. He provides a consumer's perspective in service delivery. Through weekly Community meetings with staff and consumers, feedback, input and suggestions are routinely sought. The Quality Improvement Committee reviews all consumer grievance issues and suggestions and initiate action plans for improvement. Consumers participate in consumer led group meetings to determine programmatic directions and to establish priorities for change.

7. Provide a budget narrative that provides details regarding federal PATH funds.

Proposed State FY 2009 Annual PATH Budget

1. Personnel

Positions	Annual Salary	PATH FTE	PATH Salary	Total
Administrative Assistant	\$21,840.00	1.0	\$21,840.00	
Residential Support Tech	\$ 9,984.00	.40	\$ 9,984.00	
Residential Support Tech	\$24,960.00	1.0	\$24,960.00	
Residential Support Tech	\$26,998.40	1.0	\$26,998.40	
Project Coordinator	\$72,999.68	.48	\$35,000.16	
Residential Support Staff, Sr.	\$27,999.92	1.0	\$27,999.92	
Residential Support Tech	\$ 9,984.00	.40	\$ 9,984.00	
Residential Support Tech	\$25,708.80	1.0	\$25,708.80	
Residential Support Tech, Sr.	\$ 9,360.00	.40	\$ 9,360.00	
Residential Support Tech	\$ 6,240.00	.20	\$ 6,240.00	
Peer Counselor	\$21,000.00	1.0	\$21,000.00	
		7.88FTE		

\$219,075

2. Fringe Benefits @ 7.65%

\$ 16,760

3. Travel

Training/Local Conferences for PATH Staff

\$800

4. Supplies

Resident hygiene/grooming supplies

Resident cleaning supplies

Office supplies & Printing

Life Skills Training Materials

\$2,000

5. Housing Coordination Costs

Rental Assistance

Security Deposits

One-Time Rental Payments

House Establishment Supplies

Transportation Tokens

\$5,365

6. Administrative Cost

\$5,000

GRAND TOTAL

\$249,000

Section C. 2009 LOCAL PROVIDER INTENDED USE PLANS...continued
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Central Fulton Community Mental Health Center At Grady Health Systems

80 Jessie Hill Jr. Drive

Atlanta, Georgia 30303

(404) 616-6035

1. Identify a brief description of the provider by organization receiving PATH funds, including name, type of organization, services provided by the organization and region served.

Central Fulton Community Mental Health Center at Grady Health Systems is a public, non-profit organization contracted by the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases (DMHDDAD) to deliver comprehensive community mental health and addictive disease services to individuals and families. The professional team of psychiatrists, clinical psychologists, psychiatric nurses, mental health specialists, substance abuse specialists, counselors and specialty consultants provide such services as mental health and substance use interventions including emergency, intensive inpatient/outpatient, adult and child mental health counseling, medication, day treatment, and specialized outreach services.

This PATH program is funded to primarily serve the city of Atlanta located in Fulton County, which is in the Metro MHDDAD Region.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.
This provider shall annually receive \$78,875 in PATH funds. A detailed budget is enclosed with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected Service Expectations from 7/01/09 to 6/30/10:

1) Outreach Contacts: Contractor shall identify and have contact with at least 143 individuals who are homeless and mentally ill in PATH funded Outreach.

2) Case Management Enrollments: Contractor shall enroll at least 120 individuals who are homeless and mentally ill in PATH funded Case Management.

This provider projects that 90% of the unduplicated total will self-report as “literally” homeless.

b. Primary Services to be provided, using PATH funds:

Those services the federal PATH funds are primarily used to support will include Outreach and Case-Management. A two person team will identify those individuals who are homeless and mentally ill through fixed and mobile Outreach efforts and once engaged, will enroll in client-centered case management, which will include comprehensive service linkage and coordination.

c. Community organizations that provide key services:

A PATH funded social worker, case manager and certified peer specialist will collaborate with other agencies, organizations, and sites using a “front door” and “back door” approach. The team travels to multiple agencies identifying those homeless individuals with mental health and/or substance use needs. Using a fixed outreach approach, they visit local homeless shelters, service centers, jails, hospitals, and known homeless gathering sites on a routine and scheduled basis. Their presence is anticipated and planned both by the agency and the homeless population. The team receives referrals from other agencies, including jails and works closely with local homeless coalitions. The team provides on-site mental health and/or substance use assessments and evaluations. With the majority of needed resources and services remaining outside the PATH service, the team must collaborate with a multitude of organizations and providers in order to access those resource needed to address the complex and extensive needs of those identified as homeless. Those local agencies and organizations that work in collaboration with this PATH funded team include the following:

Atlanta Day Shelter for Women and Children, Peachtree & Pine Shelter, Crossroads Ministries Shelter, Atlanta Union Mission, Jefferson Place Shelter, The ROCK (homeless drop-in center), Community Concerns (safe haven) Central Fulton Auburn Renaissance Day Treatment Center, Central Fulton Mental Health and Intake for Substance Abuse, Grady Health System’s psychiatric emergency, crisis stabilization, and inpatient services, Northside Mental Health Center, Community Friendship, Fulton County Drug and Alcohol Treatment Center, Georgia Regional Hospital at Atlanta, Bright Beginnings Residential Services, Welcome House (shelter + care), O’Hern House, St. Joseph’s Mercy Care Health Clinic at Central Presbyterian Church, the Fulton County Jail (conflict and public defender’s offices), Atlanta City Jail, Atlanta Community Court, and the National Mental Health Association of Georgia, and the Task Force for the Homeless.

d. Gaps in current service system:

There are several gaps in services for the homeless population in metro Atlanta. Some of these gaps include the screening for mental health and substance abuse issues, case management services available on-site which include counseling and medication management, and the provision of assistance to the eligible homeless individuals in coordinating social and maintenance needs. Central Fulton Mental Health Center at Grady Health System plans to fill some of the service gaps in Fulton County for PATH eligible individuals. The PATH social worker provides mental health and substance abuse screenings at the homeless sites including shelters, jails, streets, and hospitals while providing counseling and support services. The case manager provides service coordination to PATH eligible individuals at the homeless sites in order to meet the financial, transportation, vocational and housing needs.

- e. Services available for clients who have both a serious mental illness and substance use disorder: Through the service delivery and linkage system, PATH eligible individuals are screened for mental health and substance use disorders by a social worker who is cross trained in both disability areas. This ensures the identification of and service planning for co-occurring issues. The case manager refers and links consumers to those programs that combine mental health and substance use services including Bright Beginnings, Auburn Renaissance Center, Fulton CARES Network, Integrated Life Center, and others. Double Trouble in Recovery (DTR) self-help groups meet on-site offering necessary resources and support to recover for those with co-occurring disorders. A Dual-Diagnosis educational group meets weekly and is available to all PATH clients.

Twenty mental health and addictive disease clinicians from Grady Health Systems participated in the DHR sponsored Integrated Treatment Training Series taught by Kathleen Sciacca, a national expert in integrated services. This training includes Motivational Interviewing and Cognitive Behavioral Therapy seminars plus eight months of on-going practicum and supervision. This training enhances the agency's clinical capacity to provide integrated treatment to those with both mental illness and addictive diseases.

- f. Strategies for making suitable housing available to PATH clients:

The array of housing options that exist for PATH enrolled clients includes emergency shelter, subsidized group home placement, safe haven, shelter plus care, and permanent supportive housing. This Fulton County PATH provider continues to utilize an array of existing crisis and temporary housing through collaboration with such agencies as Crossroads Ministries Shelter, Peachtree & Pine Shelter, Jefferson Street Shelter, and the Atlanta Union Mission. Grady Health Systems offers subsidized personal care home placements for those with significant medical issues. Low demand housing is available through Community Concern's PATH funded safe haven. The PATH team accesses shelter plus care programs funded through the local continuum of care including Community Friendship, Welcome House, Integrated Life, and Georgia Rehabilitation Outreach. Long-term residential housing providers available to PATH enrolled clients include Bright Beginnings, Imperial Hotel and O'Hern Housing. The PATH case manager provides technical assistance in coordinating more permanent housing while providing the support services to homeless individuals as they complete the process.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.

Grady Health Systems is a participating organization in the Atlanta Tri-Jurisdiction Continuum of Care Planning Process and continues to enter into strategic partnerships that support the state's plan to end homelessness. Staff participated in the 2005 metro "point-in-time" census count. Grady Health Systems has partnered with the Social Security Administration for in-house SSI/SSDI benefits enrollment. Claims are now processed within 3 months and clients are going without benefits for a much shorter period of time.

All Continuum of Care organizations are linked to the state supported Homeless Management Information System called Pathways Community Network. Grady Health Systems can now enter data on those homeless clients served with PATH funds.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. Grady Health System is located in downtown Atlanta in Fulton County which is considered the most densely populated county in all of Georgia. As a culturally diverse area, metro inhabitants speak twenty-seven languages, with even more cultures represented. When compared to the rest of the state, African-American, Hispanic/Latino, and Asian Pacific-island communities are heavily represented. The latter two of these communities have outstripped the rate of growth of other cultural minorities. The demographics of those served in FY07 using PATH funds included 43% males, 57% females, 84% African American with 55% between the ages of 35-49 years. 68% were literally homeless upon initial contact with schizophrenia being the most frequent mental health diagnoses. 33% reported co-occurring substance use disorders.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# White	# Black	# MH Consumers
CFCMHS	2	1	1	0	2	1

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that is sensitive to the differences of those they serve. CFCMHC promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

d. Cultural diversity training is a routine part of the new hiring orientation training with on-going sensitivity training supported by supervisory monitoring. DHR includes cultural competence performance standards in all service contracts and requires that provider staff match the populations served.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

This agency places a strong emphasis on consumer satisfaction and family involvement in treatment. All those receiving services delivered by Grady Health Systems participate in Georgia's Performance Measurement and Evaluation System (PERMES) by completing a satisfaction survey. Results from the consumer satisfaction surveys are routinely reviewed in order to identify any area of service dissatisfaction, thereby triggering a plan of correction. For those PATH clients not formally linked to Grady Health Systems, the PATH program plans to administer a PATH specific satisfaction survey to enrolled clients. Program staff receives training in consumer and family related issues, including consumer rights, principles of recovery, and peer led services. Staff consults with

consumer organizations such as NAMI for assistance in involving family members and assessment of procedures to increase constructive involvement. A consumer is employed part-time as a certified peer specialist to deliver direct service to PATH clients. Their involvement ensures the presence of a consumer perspective during treatment planning.

7. Provide a budget narrative that provides details regarding federal PATH funds.

Proposed State FY 2009 Annual PATH Budget

1. Personnel

Positions	Annual Salary	PATH FTE	PATH Salary	Total
Psychiatric SW	\$39,561	1.00	39,561	
SW Associate	\$32,012	1.00	32,012	
		2.00 FTE		
			Sub Total	\$71,573
2. Fringe Benefit Costs (7% of total fringe cost)			Sub Total	\$1,386
3. Engagement/Outreach Resources				
Transportation Tokens		\$3,000		
Bottle Water		\$500		
Non-Perishable Food Items		\$1,000		
Hygiene Products		\$900		
Document Fees (ID, Birth Certificate)		\$516	Sub Total	\$5,916
GRAND TOTAL:				\$78,875

Section C.	2009 LOCAL PROVIDER INTENDED USE PLANS...continued
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DHR-Division MHDDAD SOAR

2 Peachtree Street, NW

Suite 23.215

Atlanta, GA 30303

(404) 657-2141

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Georgia Department of Human Resources (DHR) is the legally designated agency responsible for mental health, developmental disabilities and addictive diseases services. Within DHR, the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) is one of four major divisions and is mandated to carry out those activities which administer programs, train personnel, conduct research and protect clients' rights. The governance of Georgia's public mental health system operates using a five (5) regional authority design that includes both the hospital and community service management. Each of the five DMHDDAD regions assumes the responsibility for resource allocation by contracting for

services through a network of local providers. The decision to expand or support new services using PATH funds is based upon a demonstration of need, provider experience, program compliance with PATH legislative guidelines, availability of funds, and can be triggered by an interested provider, the DMHDDAD regional office, or the State PATH Contact.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

FY09 is the third year MHDDAD will use \$288,000 of PATH funding to provide State Operated Community Services (SOCS) including Case Management and Training. A detailed program budget is included in this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served in the Federal Fiscal Year 2009:

Projected Service Expectations from 7/01/09 through 6/30/10-

1) This state operated community service (SOCS) shall enroll at least **200** individuals who are homeless and mentally ill in PATH funded Case Management during FY09.

2) This state operated community service (SOCS) shall provide Training and Technical Assistance to at least **150** case managers assisting adults who are homeless, with SSI/SSDI applications during FY09.

At least 75% of the clients served with these PATH funds are projected to be "literally" homeless.

b. Primary services to be provided, using PATH funds:

The 4 SOAR Behavior Specialists will provide Case Management to assist adults who are homeless in the SSI/SSDI application process, dramatically expediting the application process and reduce the determination period. The SOAR Team will provide Training and Technical Assistance to case managers who assist adults who are homeless in the SSI/SSDI application process using the *Stepping Stones to Recovery* curriculum.

c. Community organizations that provide key services to PATH eligible clients:

This state operated community service will work collaboratively with local mental health and addictive disease agencies to provide ongoing treatment services to eligible clients while initiating the disability application. The team will provide statewide leadership working with Social Security Administration and the State Disability Adjudication Services to improve the state's average in assisting homeless applicants to successfully complete disability benefits applications.

d. Gaps in the current service system:

SSA disability benefits can offer obvious economic benefits to a homeless person. Having SSI and/or SSDI brings homeless individuals closer to stable housing, treatment, and supportive services. It also provides the foundations from which individuals can take the

first step towards recovery and gainful employment. Despite the benefits to individuals and communities, many individuals who are homeless, particularly those who are chronically homeless and have mental illnesses do not receive SSI and SSDI benefits due to the inability to successfully complete the application process. The 4 SOAR Behavior Specialists will aggressively work with the homeless applicants to successfully complete the SSI/SSDI application process by using streamlined strategies that increase a successful outcome in a reduced period of time.

- e. Services for clients who have both a serious mental illness and substance use disorder (strategy for meeting the treatment needs of co-occurring)

As the 4 SOAR Behavior Specialists assist with the social security disability application, they will link the consumer to a core provider for ongoing mental health, substance abuse, or integrated services for co-occurring disorders through the statewide Crisis & Access Line.

- f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing clients usually provided and the name of the agency that provides such housing)

As the 4 SOAR Behavior Specialists assist with the social security disability application, they will collaborate with United Way of Metropolitan Atlanta and the Regional Commission on Homelessness to identify available supported housing through one of the subcontracted organizations including Another Chance, Community Friendship, Families First, Georgia Rehabilitation Outreach, Gigal, Hope House, Living Room, Positive Outlook, St. Joseph's Mercy Care, Trinity House, and Travelers Aid.

4. **Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.**

The Georgia Homeless Interagency Coordination Council will serve as an advisory council to the SOAR project and receive periodic progress reports on SOAR related activities. The SOAR Team will participate in local planning of homeless services including the Atlanta Tri-Jurisdiction, Regional Commission on Homelessness offering brief presentations on SOAR.

5. **Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receiving periodic training in cultural competence.**

The SOAR Project consumer population is predominately African American (70%), male (77%), with an average age of 40 years. The current staff of the SOAR Project consists of 1 Caucasian female and 1 African American female with plans to hire an additional 3 Behavioral Specialists. The current SOAR Project Coordinator is a Licensed Master Social Worker and the SOAR Behavioral Specialists will have a Masters in a behavioral health field. The staff will participate in annual Cultural & Linguistic Competence training. The staff of the SOAR Project receives weekly clinical supervision with a Licensed Clinical Social Worker where they receive guidance and instruction on working with individuals of different age, gender, race, and culture.

6. **Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed**

as staff or as volunteers? Do persons who are PATH eligible serve on governing or formal advisory boards?

Certified Peer Specialists (CPS), they serve in the role of engaging consumers and helping guide them through the service system. Certified Peer Specialists offer a unique perspective and ability to connect with consumers who are historically challenging to engage. Much of the Social Security application process requires the retrieval of medical records, collection of information, and attending appointments; tasks that require patience and persistence which a CPS can provide. The 2-day Stepping Stones to Recovery training is now a Continuing Education option for Certified Peer Specialists. Peer Specialists are involved in our SOAR Provider Coalition and actively assist with cases within their agencies. The DHR SOAR Project provides technical assistance to the CPS's who have been trained.

7. Provide a budget narrative that provides details regarding federal PATH funds.
Proposed State FY 2009 Annual PATH Budget

I. Personnel Costs

Positions	Annualized Salary	PATH FTE	PATH Salary
1) SOAR Project Specialist	\$47,300	1.0	\$47,300
2) SOAR Behavior Specialist (Atl)	\$38,000	1.0	\$38,000
3) SOAR Behavior Specialist (Col)	\$38,000	1.0	\$38,000
4) SOAR Behavior Specialist (Athens)	\$38,000	1.0	\$38,000
5) SOAR Behavior Specialist (Aug)	\$28,500	.75	\$28,500
Sub Total:			\$189,800

II. Fringe Benefit Costs @37% **Sub Total: \$70,200**

III. Transportation Costs **Sub Total: \$6,000**
Vehicle Operation & Personal Mileage:
Bus Passes:

IV. Training Costs **Sub Total: \$4,000**

V. Program Supply Costs **Sub Total: \$4,500**
Office Supplies:
Cell Phones:

VI. Administrative Costs **Sub Total: -0-**

GRAND TOTAL: \$274,500

Section C. 2009 LOCAL PROVIDER INTENDED USE PLANS.....continued.

**MHDDAD Region 4
New Horizons Community Service Board
2100 Comer Avenue
Columbus, GA 31906
(706) 596-5717**

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

New Horizons is a community service board (CSB), a public, non-profit organization contracted by the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases (DMHDDAD) to deliver comprehensive community mental health and substance use disorder services through an interdisciplinary treatment team process. New Horizons has a thirty year history of providing community mental health services. The array of services provided as a CSB includes Screening, Crisis & Outreach, Outpatient, Day & Employment, and Residential services. This PATH program is funded to serve primarily the city of Columbus located in Muscogee County.

- 2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate. Use budget format attached.**

New Horizons shall annually receive \$194,500 in PATH funds, with a detailed budget including direct and indirect costs enclosed with this application.

- 3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. Projected Service Expectations from 7/01/09 to 6/30/10:

1) **Outreach Contacts:** Contractor shall identify and have contact with at least 300 individuals who are homeless and mentally ill in PATH funded Outreach.

2) **Case Management Enrollments:** Contractor shall enroll at least 220 individuals who are homeless and mentally ill in PATH funded Case Management.

3) **Housing Service Enrollments:** Contractor shall improve the housing condition for at least 75 individuals whose housing status at first contact was reported as "literally" homeless. The majority of these enrollments will also be enrolled in PATH funded Case Management.

This provider projects that 60% of the unduplicated total will report as "literally" homeless.

- b. Primary services to be provided, using PATH funds:

The New Horizons Homeless Team will implement aggressive strategies to engage and enroll homeless individuals with severe and persistent mental illness and individuals with co-occurring (MH/SA) disorders. A "Housing First Model" will be utilized to engage and house homeless persons enrolled in the program. Those four service specifications that this organization will contract to provide using the federal PATH funds include two Certified Peer Specialists to perform Outreach to identify and engage PATH eligible consumers in shelters and soup kitchens,

a Mental Health Professional to perform Case Management to enroll clients in entitlement resources and link to mainstream services, and a technician case manager to perform Housing Services to assist with immediate housing coordination. All persons enrolled in PATH services who do not have SSI/SSDI Benefits will begin the application process with the assistance of a PATH staff member.

c. Community organizations that provide key services:

New Horizons PATH Team works closely with New Horizons Community Service Board and American Work, Inc to link PATH enrolled clients to ongoing mental health and addictive diseases services. Those needing immediate housing are connected to a pool of housing agencies which include Hope Harbour, Damascus Way, House of Restoration, House of Mercy, Salvation Army, Valley Rescue Mission, House of Time, and Open door Community House. The PATH team works closely with the Community Care Mobile Health Unit to access free medical services for those with medical needs. Those in need of food and clothing are linked to the Food and clothing Bank. The PATH team collaborates with Social Security Administration and Disability Adjudication Service to apply for disability benefits.

d. Gaps in current service system:

Few non-traditional mental health services exist for those consumers who resist accessing the traditional service system. New Horizons will utilize the PATH funds to enhance the provision of outreach and case management services that can be accessed through local shelters and soup kitchens. An aggressive Outreach Service will utilize one full-time peer-to-peer specialist with personal homeless experience who will go into shelters and soup kitchens on a regular weekly schedule. People living on the street are more likely to trust someone who can reflect first hand knowledge of the homeless experience. Because of their street smarts, systems knowledge, flexibility, survivors of homelessness are in a unique position to serve individuals who are both homeless and have a mental illness. New Horizons has implemented a Mental Health Court program, diverting non-violent mentally ill persons from jail into treatment. Individuals referred to the Mental Health Court program who are verified as homeless prior to arrest may receive PATH funded services. This will ensure Mental Health Court participants do not immediately return to homelessness from jail.

e. Strategies to provide services to clients with co-occurring mental illness and substance use disorders:

Several clinicians from this organization actively participated in the DHR sponsored Integrated Treatment Training Series to increase the integrated approach to treatment for those with both mental illness and substance use disorders. Learning Motivational Interviewing and Cognitive Behavioral Therapy techniques has enhanced this organization's capacity to serve clients with co-occurring disorders.

PATH consumers enroll in any of the core behavioral health services offered at this agency. In addition, PATH consumers also link to local peer led self-help groups. Agape meets in downtown Columbus on a weekly basis and provides support and education to those with co-occurring issues. Double Trouble in Recovery (DTR) meets twice a week using the 12-step approach to discuss mental health and addictive disease issues without shame or stigma.

f. Strategies for making suitable housing available to PATH clients:

Housing Service is a PATH funded activity that employs a Housing Resource Specialist to work collaboratively with the local housing authority, shelter plus care providers (including New Horizons) other local housing programs (i.e., the Ralston, Stewart Community Home, and Open Door Community Home) Continuum of Care agencies, the Columbus Homeless Resource Network and the Georgia Department of Community Affairs Rental Access Network (which provides an update of available, affordable apartments across Georgia) to identify an appropriate and accessible array of housing options. The PATH Team matches the enrolled PATH client to the appropriate and available housing resource. Funds are allocated to pay security deposits, cover the cost associated with coordinating housing, costs associated with matching eligible homeless individuals with appropriate housing situations, and one-time rent payments to prevent eviction. A "home establishment" fund will be used to purchase essential items, without which the individual would not remain in the home.

4. **Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.**

David Wallace (LPC, SAM, MHP, NBCC) is the PATH Project Coordinator and serves as an active member of the local HUD Continuum of Care program. Ms. Simi Barnes is the Program Director and serves as a representative on the CoC Planning Committee well as community liaison to other area service providers. New Horizons currently has six housing grants: three Shelter Plus Care grants and three SHP grants. New Horizons also participates in Pathways HMIS Community Information Network.

5. **Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.**

a. New Horizon's Community Service Board is located in the city of Columbus, which is the third largest city in the state with a 3.9% population growth in the last ten years. In FY07, 60% of the PATH clients were male and 40% were female with 48% being between the ages of 35-49 years. 68% were African American and 32% were White and 55% were literally homeless upon initial contact. The most frequently reported mental health diagnosis was Affective Disorder and 38% described themselves as having co-occurring substance use disorders.

b. **The following is a gender and ethnicity representation of the PATH Team:**

Provider	Total PATH Staff	# Female	# Male	# Caucasian	# African American	# MH Consumers
New Horizons	6	5	1	3	3	3

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner sensitive to the differences of those they serve. New Horizons promotes cultural diversity by providing cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural

background. This organization supports community representation with employed mental health consumers operating as direct care staff.

- d. All staff members receive agency based training regarding cultural sensitivity upon hire and annually thereafter. Every employee is required by this agency to attend training on consumer rights and consumer protection issues.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

New Horizons has a Board of Directors that includes consumers of disabilities and family members who are actively involved in the planning and implementation of services. New Horizons participates in Georgia's Performance Measurement and Evaluation System. Guided by a steering committee of consumers, advocates and professionals, satisfaction surveys are administered. A Consumer Satisfaction Survey specifically for PATH recipients is used to gather input on PATH funded services. Input from these surveys are used to improve the planning and implementation of PATH funded services. New Horizons employs 2 full-time Peer Specialists to provide Peer Outreach who are mental health consumers with homeless experience.

7. Provide a budget narrative that provides details regarding federal PATH funds.

Proposed State FY 2009 Annual PATH Budget

1. Personnel

<u>Positions</u>	<u>Annualized Salary</u>	<u>PATH-funded FTE</u>	<u>PATH-funded Salary</u>
Social Service Coordinator	\$45,000	.095	\$4,275
Social Service Provider	\$35,000	1.0	\$35,000
Social Service Technician	\$26,000	1.0	\$26,000
Peer Specialist (entry level)	\$18,000	1.0	\$18,000
Peer Specialist (mid level)	\$25,000	1.0	\$25,000
Peer Specialist Sr.	\$29,000	<u>1.0</u>	<u>\$29,000</u>
		5.095FTE	

\$137,275

2. Fringe Benefits @28.25%

SSP-	\$8,475
SST-	\$7062
PS-	\$5,932
PS -	\$6,497
PS-	\$7,910

\$35,876

3. Travel

Local travel – 200miles/wk @\$0.45 mile	\$4,680	
Training/Conferences for PATH Staff	\$3,500	\$8,180

4. Supplies

Office Supplies, copies, postage, brochures	\$4,000	
Cellular Telephones (3)	\$2,000	\$6,000

5. Housing Coordination Costs

Rental Assistance		
Security Deposits		
Emergency Food Assistance		
Household Furnishings, Items		\$3,169

6. Administrative Costs

Office Space, Utilities		<u>\$4,000</u>
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GRAND TOTAL: \$194,500

Section C.	2009 LOCAL PROVIDER INTENDED USE PLANS.....continued
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MHDDAD Region 5**Chatham-Savannah Homeless Authority****2301 Bull Street****Savannah, Georgia 31401****(912) 790-3400****1. Identify a brief description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization and region served:**

Established by the Georgia State Legislature more than 18 years ago, the Chatham-Savannah Authority for the Homeless (Homeless Authority) is a non-profit 501C3 organization created to provide a central planning and coordinating effort to address homeless needs and services. The Homeless Authority, in conjunction with the City of Savannah, coordinates all activities called for in the community Continuum of Care. Beginning with the writing of the homeless section of the Housing and Community Development Plan, the Homeless Authority is charged with all aspects of planning, service delivery coordination, and certain other roles such as evaluation and monitoring, advocacy, education, and resource development. This particular PATH program is designed to encompass a sixteen-county area and is served by the Southeast MHDDAD Regional Office. However, the focus of service will be on the behavioral health issues of families and individuals experiencing homelessness within Chatham County, since Savannah has one of the largest concentrations of individuals experiencing homelessness outside of Metro Atlanta.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

This provider will receive a total of \$183,000 in PATH funds, and will use these funds to expand street outreach, street case management services, and housing coordination services to families and

individuals experiencing homelessness with behavioral health issues; emphasis will be placed on mainstream benefits enrollment. A detailed budget is included with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served in the Federal Fiscal Year 2009:

Projected Service Expectations from 7/01/09 to 6/30/10:

- 1) Outreach Contacts: Contractor shall identify and have contact with at least 326 Individuals who are homeless and mentally ill in PATH funded Outreach.
- 2) Case Management Enrollments: Contractor shall enroll at least 262 clients who are homeless and mentally ill in PATH funded Case Management.
This provider projects that 90% of the unduplicated total will self-report as "literally" homeless.

b. Primary services to be provided:

The Homeless Authority operates an integrated Unified Case Management (UCM) system that combines the resources of the homeless continuum of care with behavioral health services to provide one coordinated effort for those in need of housing and other support services. With interconnected case managers dropped into various shelter settings, the Unified Case Management system serves as "gatekeeper" and organizes the utilization of housing and behavioral health services through weekly case conference meetings. PATH funds a five-person UCM team composed of a full-time Mental Health Professional (MHP) team leader (partially funded by HUD and PATH) and four full-time peer-to-peer specialists to provide Outreach and Case Management services. This team locates the hardest-to-reach individuals through mobile and fixed Outreach sites which include the Salvation Army and Inner Center Night Shelters, the Social Apostolate and Emmaus House-two local congregate feeding sites shelters, and local parks. Outreach identifies PATH eligible clients, establishes a personal connection, and helps them believe that change is possible. Once the consumer expresses willingness to accept services, they are then enrolled in PATH funded Case Management which assist with meeting basic needs, accessing housing, and linking to ongoing mental health and substance abuse treatment. A key function of PATH funded Case Management is actively assisting clients to apply for entitlement benefits such as Social Security Disability (SSDI) and Supplemental Security Income (SSI).

c. Community organizations that provide key services to PATH eligible clients:

The PATH Team collaborates with multiple key agencies in Savannah to provide key services to PATH enrolled clients. Each of these agencies work cooperatively and collaboratively to ensure that those experiencing homelessness can attain and maintain self-sufficiency:

- Recovery Place Community Services for substance abuse services;
- Savannah Counseling Services for ongoing mental health services;
- J.C. Lewis Health Center of Union Mission for medical and dental needs;
- Union Mission, Inc. and the Savannah Housing Authority for permanent supportive housing;
- Savannah Regional Hospital for access into Assertive Community Treatment for those with the most intensive needs.

Additionally, the Homeless Authority has an excellent relationship with the Savannah Police Department, and meets regularly with the police department to coordinate services. Training for the Police Department's CIT (Crisis Intervention Team) is provided on a recurring basis by an employee of American Work, Inc.

d. Gaps in the current service system:

Gaps in services include crisis services for those experiencing behavioral health issues, short-term respite care, the availability of resources on the weekends, and the shortage of affordable, adequate, permanent supportive housing for women and families. In FY09, the State expanded crisis services in Savannah to include a new Crisis Stabilization Program, Mobile Crisis, and Assertive Community Treatment to address the crisis needs in Savannah. The PATH team is actively collaborating with these new services to reduce service gaps.

e. Strategies for providing services to clients with co-occurring mental health illnesses and substance use disorders:

Those PATH enrolled clients with co-occurring issues are referred to the appropriate service provider. In addition to counseling, consumers are provided Psychosocial Rehabilitation Program based on the Boston University Model, which is considered a "Best Practice" model. It addresses the level of community functioning needs for those with mental health and substance use disorders.

To complement these clinic-based services, PATH consumers also link to local Double Trouble in Recovery (DTR) 12-step self-help groups, which are free and readily available. These two-hour groups provide a safe environment for these consumers to support each other while addressing medication issues without shame or stigma. Chatham-Savannah Homeless Authority combines counseling, rehabilitation, self-help and ongoing support as a treatment strategy for PATH clients with co-occurring disorders.

f. Strategies for making suitable housing available to PATH clients:

The PATH team now meets and will continue to meet weekly with the Housing Team of Union Mission (the largest provider of housing in the community) and the Unified Community Support Team to determine service and housing needs, including available bed openings. There are over 600 beds available in the Homeless Continuum of Care in the Savannah region. Approximately 300 are dedicated to behavioral health needs. Memorandums of Agreement exist between the Chatham-Savannah Authority for the Homeless and the majority of homeless service providers in the community, including those who provide housing to PATH consumers. Because of these relationships and agreements, PATH team members are knowledgeable of space availability in the Continuum, and can immediately make referrals and reserve space, if required to do so. Team members assist consumers in completing the necessary applications and acquiring any documentation required. PATH team members also ensure that consumers make and keep appointments necessary, including assisting with transportation to those appointments. There are several housing programs that most frequently serve PATH consumers, including emergency and transitional facilities, and several Shelter + Care programs. Emergency facilities include the **Salvation Army** and **Magdalene Project of UMI** and transitional facilities include the Economic Opportunity Authority's **Thomas Austin House**, and Recovery Place's **Men's & Women's Residential** programs. In addition, there are a number of Shelter + Care programs

that are most successful in housing PATH consumers, and they include: **Genesis, New Beginnings, & Serenity**. Through the weekly meetings and contacts, the PATH team is kept abreast of any and all vacancies and able to make referrals on a timely basis. This allows PATH consumers to be placed on a "fast track" in their quest for stability and housing placement. This process allows PATH consumers to gain direct and immediate access to these housing resources, and the process will continue to be employed.

Oftentimes, PATH enrolled clients would be able to access stable housing, but they lack the financial resources to do so. An increase in case management funds will be utilized to provide direct assistance to clients; these funds will be designated to provide security deposits for utilities, rental assistance, and motel nights for crisis situations. Based on assistance criteria, PATH enrolled clients will be able to tap these funds in order to access and/or maintain stable housing.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.

The Chatham-Savannah Homeless Authority is a State Legislated organization designated to coordinate all activities in the local Continuum of Care plan, including planning, collaborating, identifying gaps in services, and addressing ways to close those gaps. The agency collaborates with the agencies that are the providers of behavioral health services and provides transportation for clients enrolled in behavioral health programs. The Homeless Authority administers the PATH funds, and all hired employees are out-stationed at predetermined Continuum of Care organizations. This five-person PATH team will also be out-stationed at predetermined Continuum of Care sites including Emmaus House, Inner City, and the Social Apostolate. As of 2004, all Continuum of Care organizations were linked to a Homeless Management Information System called Pathways. The PATH team case manager will be required to maintain data on consumers through the Pathways Communication Network, the statewide Homeless Management Information System.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. Chatham-Savannah Homeless Authority is located in Savannah, which is the fourth-largest city and the sixth largest county in the state. The demographics of those enrolled in PATH services include: 58% male; 42% female; 48% between the ages 35-49 years; 44% African American; 40% White; 69% with "other psychotic disorders; 54% with co-occurring substance use disorders; and 59% literally homeless upon initial contact.

b. DHR includes cultural competence performance standards in all service contracts and requires that provider staff match the population served. Staffing represents the racial/ethnic diversity of the clients served as follows:

Provider	Total PATH Staff	# Female	# Male	# White	# Black	# MH Consumers
Savannah	5	1	4	1	4	4

- c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. The Savannah Chatham-Savannah Authority for the Homeless promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.
- d. The Homeless Authority and the J.C. Lewis Health Center routinely provide clinical training for case managers and behavioral health staff which include a mandatory diversity workshop to heighten awareness and increase staff effectiveness.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

The Homeless Authority Board of directors is constructed to include local and state government, as well as advocates, providers of service, and homeless or formerly homeless consumers. Consumers have been hired to provide peer support services after participating in an extensive training program with the passing of a certification process. Consumers through the Community Consumer Advocacy Board on Homelessness, (CCABoH), are actively involved as part of the planning and implementation process of homeless services. Additionally, a select group of board members, service providers, consumers, and family members meet directly with direct care staff bi-yearly to evaluate the progress of PATH services. Members of NAMI have been invited to participate in the review of services twice yearly. This will include the shelter-based Community Support Team, and the PATH funded street-based Outreach and Case Management team. Additionally, it is the CCABoH's role to review consumer satisfaction surveys for services rendered in the Continuum of Care.

7. Provide a budget narrative that provides details regarding federal PATH funds.
Proposed State FY 2009 Annual PATH Budget

1. Personnel Costs

Positions	Annual Salary	PATH FTE	PATH Salary	Total
Case Manager	\$22,500	0.5 FTE	\$22,500	
Peer to Peer Specialist	\$25,500	<u>4.0 FTE</u>	\$102,000	
		4.5 FTE		
				\$124,500

2. Fringe Benefit Costs (@25%)

Peer Specialist	\$31,500
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